

# Cross Connections Letter

*Please photocopy this form for repeated use.*

Date: \_\_\_\_\_

Regarding »

Installation of Approved Backflow Prevention Device(s) or Installation of a Permanent Air Gap Assembly and Meter Testing Program

AGENT/OWNER(S) NAME: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAP & PARCEL: \_\_\_\_\_

I will install a main line Approved Backflow Prevention Device(s) on all existing water services. Prior to installation, I will have a licensed Master Plumber obtain the proper permit from the Codes Administration Office. I understand fire and domestic lines must be protected to Metro Water Services specifications, and that work on fire services must be done by a licensed fire protection company approved by the Fire Marshall.

I understand all meters and backflow testing and inspection must be completed before a final Use and Occupancy Permit will be issued. I will schedule testing for any meters 1½ inches and larger that have not been tested within the last year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Company Name (if required)

To schedule meter testing, please call 615-862-4563.